

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-046683

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 354 Primary Registration District No. 3072 Registrar's No. 196

FILED NOV 18 1963

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Marshall</b>		c. CITY OR TOWN <b>Marshall</b>	
Length of stay in 1b <b>50 years</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Fitzgibbon Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>806 West North</b>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <b>BARNEY</b> Middle <b>C.</b> Last <b>HAYOB</b>			4. DATE OF DEATH Month <b>November</b> Day <b>10</b> Year <b>1963</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-13-91</b>	9. AGE (last birthday) <b>72 years</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Butcher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retail Grocery</b>		11. BIRTHPLACE (City and state or country) <b>Cooper County, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>					
13a. FATHER'S NAME <b>Henry Hayob</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Haag</b>		14. NAME OF HUSBAND OR WIFE <b>Lillian M. Hayob's</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>986 5044</b>		17. INFORMANT <b>Ralph Hayob</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Massive Internal Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>45 min</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 min</b>			
DUE TO (c) <b>Coronary C.A. Rt Main Branch</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7 min</b>			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Coronary Arteriosclerosis + Atherosclerosis</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Marshall</b>		
20g. COUNTY <b>Saline</b>		20h. STATE <b>Mo.</b>	

21. I attended the deceased from <b>1958</b> to <b>9 Nov 63</b> and last saw him alive on <b>8 Nov 63</b> Death occurred at <b>3:05 a.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>Cecil G. Read</b>	22b. ADDRESS <b>Marshall Mo</b>
22c. DATE SIGNED <b>10 Nov 63</b>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11-12-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Ridge Park Cemetery</b>	23d. LOCATION (City, town, or county) <b>Marshall, Missouri</b>
24. FUNERAL DIRECTOR <b>CAMPBELL - LEWIS</b>		25. DATE RECD. BY LOCAL REG. <b>11-11-63</b>	26. REGISTRAR'S SIGNATURE <b>Cecil G. Read</b>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/59

10975

20975

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9/12/1

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11

12 1-0

13 3-0

120000-1000

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Phillip L. Smith*

Licensed Embalmer No. 563

P. O. Address Marshall, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.